

#18

PTO/SB/51 (04-05)

Approved for use through 04/30/2007. OMB 0651-0033

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 5,549,651, granted August 27, 1996 and for which a reissue patent is sought on the invention entitled Luer Receiving Medical Valve And Fluid Transfer Method.

the specification of which

☐ is attached hereto.☒ was filed on 10-31-2000 as reissue application number 09/699,398and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

This application for reissue is broadening such that the application claims a medical valve for receiving a male luer wherein movement of a piston along a housing elastically diminishes a space within the piston to express fluid from within the space upon movement proximally, such that the fluid expressed from within the space is expressed, relative to said piston, in a direction opposite the movement of the piston.

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

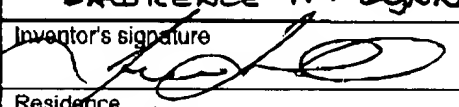
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/51 (04-05)

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)				Docket Number (Optional)	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.					
Note: To appoint a power of attorney, use form PTO/SB/81.					
Correspondence Address: Direct all communications about the application to:					
<input type="checkbox"/> The address associated with Customer Number: 					
OR					
<input type="checkbox"/> Firm or Individual Name					
Address		Sleep & Breathing Research Institute 1275 OLENTANGY RR. Suite 10. COLUMBUS OHIO			
City	COLUMBUS	State	OH	Zip	43212
Country	USA				
Telephone	614-297-7704		Email	lyntek@iwaynet.net	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) LAURENCE A. LYNN					
Inventor's signature 			Date 4/28/05		
Residence COLUMBUS, OHIO, USA			Citizenship U.S.A.		
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Full name of second joint inventor (given name, family name)					
Inventor's signature			Date		
Residence			Citizenship		
Mailing Address					
Full name of third joint inventor (given name, family name)					
Inventor's signature			Date		
Residence			Citizenship		
Mailing Address					
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.					

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